



# Acid Rain Program

## Instructions for Allowance Account Information Form (40 CFR 73.30 - 73.38)

*The Acid Rain Program regulations require any person, company, or organization wishing to open a general Allowance Tracking System (ATS) account for the purpose of holding and transferring allowances to submit a completed Allowance Account Information form or provide the requested information in a similar format. You also may use this form to change the information previously submitted for a general account, such as the identity of the authorized account representative. In such cases, enter your allowance account identification number in the space provided at the top of the form. Affected units will automatically receive a unit account in the ATS, and should use the Certificate of Representation form to make any changes to unit account information.*

Type or complete the form in black ink. If you need more space, photocopy the pertinent page. When you have completed the form, indicate the page order and total number of pages (e.g., 1 of 4, 2 of 4, etc.) in the spaces provided in the upper right hand corner of each page.

Remember, under 40 CFR 73.33 you must notify all persons who have an ownership interest with respect to the allowances held in an account of all Acid Rain Program submissions. EPA will accept subsequent submissions from the Authorized Account Representative (AAR) or, if one is designated, from the Alternate AAR.

If you need assistance, call the Acid Rain Hotline at 202-564-9620.

**STEP 2** The owners may choose an alternate to act in lieu of the Authorized Account Representative.

**STEP 3** EPA will use the address you enter here for all official correspondence concerning this account.

**STEP 4** Identify all parties with an ownership interest in the allowances held in this account. All of these parties must be subject to a binding agreement authorizing the representation of the account by the authorized account representative, and, if applicable, the alternate authorized account representative, identified in Steps 1 and 2. If you (the authorized account representative) are the only person with an ownership interest in the allowances held in the account, list your name here.

**STEP 6** Both the authorized account representative and the alternate (if any) must sign and date the certifications. If you are revising account information, only one signature is needed.

Submit this form to the following address:

U.S. ENVIRONMENTAL PROTECTION AGENCY  
ACID RAIN PROGRAM (6204J)  
ATTN: ALLOWANCE TRACKING SYSTEM

by regular/certified mail:  
1200 Pennsylvania Ave., NW  
Washington, DC 20460

or overnight mail:  
1310 L Street, NW  
Washington, DC 20005  
(202) 343-9150

### Paperwork Burden Estimate

The public reporting and recordkeeping burden for this collection of information is estimated to average 16 hours per response. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. **Do not send the completed form to this address.**

### Submission Instructions



## Allowance Account Information General Accounts Only

Page 1

For more information, see instructions and refer to 40 CFR 73.31.

This submission is:      ~ New (to open a new general account)  
   ~ Revised (to revise information on an existing general account)

Page ~ of ~

If you are opening a new allowance account, complete all steps in this form. If you are an authorized account representative (AAR) for another account in the allowance tracking system (ATS), please write in your AAR ID#. If this is a revised submission, enter your ATS account # and AAR ID# and complete only those steps covering the information you wish to change. You must complete Step 6 to authorize the change of information. Only the authorized account representative or alternate authorized account representative can authorize the change.

Allowance Tracking System Account #	Authorized Account Representative ID#
-------------------------------------	---------------------------------------

**STEP 1**  
Enter requested information for  
the authorized account  
representative

Name	
Firm (Optional)	
Phone Number	Fax Number

**STEP 2 (Optional)**  
Enter requested information for  
the alternate authorized  
account representative

Name	
Firm (Optional)	
Phone Number	Fax Number

**STEP 3**  
Enter the mailing address  
for the account

Address
---------

**STEP 4**  
Enter the names of all  
parties (persons or companies)  
subject to the binding agreement  
authorizing your representation  
of the  
account

Name
Name
Name
Name

